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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 09/23/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Epidural Steroid Injection L3-L4

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XXXX. The mechanism of injury was not provided. The documentation indicated the patient underwent a spinal fusion in XX. Prior treatments included medications, physical therapy, home exercise program, acupuncture, chiropractic treatment, and epidural steroid injections. The patient underwent an MRI of the lumbar spine with and without contrast on XXXX which revealed at the level of L3-4 there was an anterolisthesis of L3 on L4 measuring 5 mm. There was uncovering of the posterior superior margin of the intervertebral disc without evidence of disc herniation. There were small vertebral osteophytes noted. There was advancing bilateral facet osteoarthritis with joint effusion. There was prominent thickening of the ligamentum flavum. These findings combined to produce severe spinal canal stenosis with AP dimension and midline measuring 5 mm. there was moderate to severe bilateral neural foraminal stenosis present. The documentation of XXXX revealed the patient was having very severe back pain with claudication. The pain had been progressive. The symptoms in the back and neck were aggravated by standing more than 30 minutes or walking less than one half mile. The patient did not like utilizing pain medications and would like other options. The physical examination revealed there was paravertebral muscle tenderness bilaterally with spasms. Lumbar range of motion was painful and restricted in flexion, extension, bilateral rotation, and bilateral bending. Spinous processes were tender in the mid and lower regions. Straight leg raise was positive on the right side at 30 degrees. The straight leg raise and seated straight leg raise pain was located in the back and buttocks. The straight leg raise was positive on the left side at 30 degrees. The patient had pain with both the straight leg raise and seated straight leg raise. Current bilateral quadriceps strength was 4/5. Lower extremity reflexes were symmetrically present and normal. The impression included chronic claudication and mechanical low back pain. The treatment plan included a Smith Peterson osteotomy at L3-4 with an anterior lumbar interbody fusion and posterior decompression as well as an anterior interbody fusion at L2-3 with decompression, and a posterior instrumented fusion at L2-3 with corruption of lordosis. The subsequent documentation of XXXX revealed the patient was in for a follow-up of stenosis and spondylolisthesis at L3-4 and stenosis at L2-3. The patient would like to proceed with surgery. The patient was stable on his current medication Norco. The treatment plan included a continuation of medication. The requested treatment was previously denied as there was no physical evidence of weak hip flexion or sensory

loss of the anterior thigh to support treatment at this level. Additionally, there was no documentation of objective findings demonstrating a positive response to previous injections, including a reduction of pain medication, functional response, and pain relief. There was no indication the patient had been instructed in home exercises to do in conjunction with injection therapy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines indicate that repeat epidural steroid injections are appropriate when there has been documentation of pain relief of at least 50% to 70% for at least 6 to 8 weeks with documentation of a decrease in pain medications and increase in function for the same duration. The treatment was previously denied as there was no documentation of the above information and the patient had no objective findings of radiculopathy on the recent examination. There remained a lack of dermatomal (objective) findings at the level of L3-L4. Additionally, the documentation failed to indicate that the patient had least 50% to 70% for at least 6 to 8 weeks and had an objective decrease in pain medications and increase in function for the same duration of time from the prior epidural steroid injections. Therefore, the prior determination regarding the denial of an epidural steroid injection at L3-4 is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)